

# HOUSE . . . . . No. 2743

By Mr. Hall of Westford, petition of Geoffrey D. Hall and others relative to the reporting of hospital-acquired infection rates. Public Health.

## The Commonwealth of Massachusetts

### PETITION OF:

Geoffrey D. Hall                      James Leach  
Donald Smith

In the Year Two Thousand and Five.

### AN ACT RELATIVE TO HOSPITAL INFECTIONS DISCLOSURE.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1     SECTION 1. This Act may be cited as the Hospital Infections  
2     Disclosure Act.

1     SECTION 2. Definitions.

2     (a) "Department" means the Department of Public Health

3     (b) "Hospital" means an acute care health care facility licensed  
4     under the Hospital Licensing Act

5     (c) "Hospital-acquired infection" means a localized or systemic  
6     condition (1) that results from adverse reaction to the presence of  
7     an infectious agent(s) or its toxin(s) and (2) that was not present  
8     or incubating at the time of admission to the hospital.

1     SECTION 3. Hospital Reports.

2     (a) Individual hospitals shall collect data on hospital-acquired  
3     infection rates for the specific clinical procedures determined by  
4     the Department by regulation, including the following categories:

5     (1) Surgical site infections;

6     (2) Ventilator-associated pneumonia;

7     (3) Central line-related bloodstream infections;

8     (4) Urinary tract infections; and

9 (5) Other categories as provided under subdivision (d) of this  
10 section.

11 (b)(1) Hospitals shall submit quarterly reports on their hospital-  
12 acquired infection rates to the Department. Quarterly reports shall  
13 be submitted, in a format set forth in regulations adopted by the  
14 Department, to the Department by April 30, July 31, October 31,  
15 and January 31 each year for the previous quarter. Data in quar-  
16 terly reports must cover a period ending not earlier than one  
17 month prior to submission of the report. [Note to advocates: This  
18 is to ensure that the information is timely. For example, the report  
19 for the quarter ending March 31st should be submitted to the  
20 Department no later than April 30th of that same year.] Quarterly  
21 reports shall be made available to the public at each hospital and  
22 through the Department. The first quarterly report shall be due in  
23 2006.

24 (2) If the hospital is a division or subsidiary of another entity  
25 that owns or operates other hospitals or related organizations, the  
26 quarterly report shall be for the specific division or subsidiary and  
27 not for the other entity.

28 (c) (1) The Director of the Department shall appoint an advi-  
29 sory committee, including representatives from public and private  
30 hospitals (including from hospital infection control departments),  
31 direct care nursing staff, physicians, epidemiologists with exper-  
32 tise in hospital-acquired infections, academic researchers, con-  
33 sumer organizations, health insurers, health maintenance  
34 organizations, organized labor, and purchasers of health insurance,  
35 such as employers. The advisory committee shall have a majority  
36 of members representing interests other than hospitals.

37 (2) The advisory committee shall assist the Department in the  
38 development of all aspects of the Department's methodology for  
39 collecting, analyzing, and disclosing the information collected  
40 under this Act, including collection methods, formatting, and  
41 methods and means for release and dissemination.

42 (3) In developing the methodology for collecting and analyzing  
43 the infection rate data, the Department and advisory committee  
44 shall consider existing methodologies and systems for data collec-  
45 tion, such as the Centers for Disease Control's National Nosoco-  
46 mial Infection Surveillance Program, or its successor, however the  
47 Department's discretion to adopt a methodology shall not be lim-

48 ited or restricted to any existing methodology or system. The data  
49 collection and analysis methodology shall be disclosed to the  
50 public prior to any public disclosure of hospital-acquired infection  
51 rates.

52 (4) The Department and the advisory committee shall evaluate  
53 on a regular basis the quality and accuracy of hospital information  
54 reported under this Act and the data collection, analysis, and dis-  
55 semination methodologies.

56 (d) The Department may, after consultation with the advisory  
57 committee, require hospitals to collect data on hospital-acquired  
58 infection rates in categories additional to those set forth in subdi-  
59 vision (a).

1 SECTION 4. Department Reports.

2 (a) The Department shall annually submit to the Legislature a  
3 report summarizing the hospital quarterly reports and shall publish  
4 the annual report on its website. The first annual report shall be  
5 submitted and published in 2007. The Department may issue quar-  
6 terly informational bulletins at its discretion, summarizing all or  
7 part of the information submitted in the hospital quarterly reports.

8 (b) All reports issued by the department shall be risk adjusted.

9 (c) The annual report shall compare the risk-adjusted hospital-  
10 acquired infection rates, collected under Section 3 of this Act, for  
11 each individual hospital in the state. The Department, in consulta-  
12 tion with the advisory committee, shall make this comparison as  
13 easy to comprehend as possible. The report shall also include an  
14 executive summary, written in plain language that shall include,  
15 but not be limited to, a discussion of findings, conclusions, and  
16 trends concerning the overall state of hospital-acquired infections  
17 in the state, including a comparison to prior years. The report may  
18 include policy recommendations, as appropriate.

19 (d) The Department shall publicize the report and its avail-  
20 ability as widely as practical to interested parties, including, but  
21 not limited to, hospitals, providers, media organizations, health  
22 insurers, health maintenance organizations, purchasers of health  
23 insurance, organized labor, consumer or patient advocacy groups,  
24 and individual consumers. The annual report shall be made avail-  
25 able to any person upon request.

26 (e) No hospital report or Department disclosure may contain  
27 information identifying a patient, employee, or licensed health  
28 care professional in connection with a specific infection incident.

1 SECTION 5. Privacy.

2 It is the expressed intent of the Legislature that a patient's right  
3 of confidentiality shall not be violated in any manner. Patient  
4 social security numbers and any other information that could be  
5 used to identify an individual patient shall not be released  
6 notwithstanding any other provision of law.

1 SECTION 6. Penalties.

2 A determination that a hospital has violated the provisions of  
3 this Act may result in any of the following:

4 (a) termination of licensure or other sanctions relating to licen-  
5 sure under the Hospital Licensing Act

6 (b) a civil penalty of up to \$1,000 per day per violation for each  
7 day the hospital is in violation of the Act.

1 SECTION 7. Regulatory Oversight.

2 The Department shall be responsible for ensuring compliance  
3 with this Act as a condition of licensure under the Hospital  
4 Licensing Act and shall enforce such compliance according to the  
5 provisions of the Hospital Licensing Act.